

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name Michael Watkins	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Bradford	State RI	ZIP 02808	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name [REDACTED]	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City North Kingstown	State RI	ZIP 02852	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name Angie Watkins	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address [REDACTED]	City Bradford	State RI	ZIP 02808	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]		
Name N/A	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name N/A	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
Berkeley Acquisition Corporation			


 Authorized Signatory

3/24/2017
 Date

Michael Watkins, Member
 Printed Name